



MHBE

Abortion Care Coverage Consumer Information Workgroup

December 13, 2022

1:00PM

Via Google Meets

Members Present:

Allison Mangiaracino, Co-Chair
Emily Hodson, Co-Chair
Maya Greifer
Deb Rivkin
Cynthia Baur
Laureen Rodgers
Pat O'Connor
Robyn Elliott
Rachel Clark (for Zachary Peters)

Staff

Becca Lane
Amelia Marcus
Karen Lam (MIA)
Hannah Markus (MDH)

Members of the Public

Brian Espindola
Melissa Munster
Cl Kipp
Ken Brannan

Welcome

Emily Hodson, Co-Chair, welcomed attendees to the meeting.

Approval of Meeting Minutes

Ms. Hodson asked for a motion to approve the minutes from the November 15 meeting, which were previously shared with Workgroup members. Cynthia Baur asked that the minutes be amended to accurately reflect her comments regarding stigmatization and plain language. She moved to approve the minutes as amended. Allison Mangiaracino seconded. The Workgroup voted unanimously to approve the minutes with the amendment.

Agenda

Ms. Mangiaracino reviewed the agenda. Becca Lane, Senior Policy Analyst at the Maryland Health Benefit Exchange (MHBE), stressed that the Workgroup's report is due at the end of the year, and thus, the Workgroup will be required to make final recommendation decisions during the meeting.

Options for New Plan Details Category Title

Ms. Lane asked the Workgroup to consider how to title the plan details category on Maryland Health Connection (MHC) that contains abortion services. She began by

reiterating the guiding principles for information accessibility: plain language, consistency, clarity, and searchability.

Next, Ms. Lane discussed two proposed category titles. *“Reproductive Health and Pregnancy Care”* received the most votes in the recent Workgroup poll, but she acknowledged concerns that it may not adhere to the plain language principle. She explained that, due to those concerns, MHBE staff developed *“Family Planning and Pregnancy Care”* as a title option. The proposed title is euphemistic in that it does not directly address abortion, but according to Kaiser Permanente’s record of search terms, “family planning” is commonly used by the public. Ms. Lane also shared the other titles from the survey, none of which garnered more votes from the Workgroup than *“Reproductive Health and Pregnancy Care.”* She asked Workgroup members to discuss which title to recommend in the report.

Cynthia Baur asked about the title *“Family Planning, Abortion, and Pregnancy Care,”* recalling that it was discussed among the choices but was not listed this time. Ms. Lane replied that MHBE staff removed that title from consideration for being too long.

Robyn Elliott, underscoring that the Workgroup’s charge is to make abortion coverage information accessible to the public, stated that the title must include the word “abortion.” She explained that people who don’t want to be pregnant may not consider it pregnancy care and that carriers are required to use the term. Pat O’Connor agreed, noting that legislative intent clearly favors including the word “abortion.”

Ms. Mangiaracino noted that a title of *“Abortion and Pregnancy Care”* might exclude other types of care in the category such as infertility treatment. She asked whether the title is bound to a maximum number of characters. Ms. Lane replied that she was not sure if there is a character limit, but that limiting the title to two phrases was preferable for simplicity’s sake, and added that it might be necessary to narrow the range of benefits in the category if a shorter title can’t accommodate them all.

Ms. Mangiaracino pointed out that, on MHC, it is not possible to collapse the categories and display only the title, meaning consumers are not likely to miss which benefits are included.

Ms. Hodson supported the title *“Abortion Care and Pregnancy Care”* along with removing non-relevant items from the category.

Ms. Elliott proposed the category be divided into two: *“Family Planning and Abortion Care”* and *“Infertility Treatment and Pregnancy Care.”*

Ms. O’Connor asked how family planning differs from contraception. Ms. Elliott replied that, in the context of federal Title X programs and Medicaid coverage, family planning includes contraception and the prevention and treatment of sexually transmitted infections. Ms. Mangiaracino added that her organization uses the term “family

planning” as the title of a category of services that includes women’s preventive services, family planning counseling, male sterilization, and abortion care services.

Ms. Hodson asked the Workgroup to suspend discussion of this question until the end of the meeting.

Plan Contract/EOC Description Options

Ms. Lane then moved on to a discussion of two recommendations for plan language in the Evidence of Coverage document (EOC). First, she shared the updated description of abortion care services, rewritten to better convey the information correctly, concisely, and in plain language. The previous description read, *“Abortion care services: termination of pregnancy, elective or therapeutic. Services may be medication-based or procedural/surgical,”* while the new option reads, *“Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure.”*

Next, Ms. Lane discussed language recommendations regarding cost sharing for those seeking to end pregnancy. Rather than trying to cover all potential situations with a single sentence as in the prior recommendation (Option 1), the new option has different language for non-HSA-compatible plans (Option 2a) than for HSA-compatible plans (Option 2b). The proposed language under Option 2a reads, *“You do not have to pay for abortion care.”* The proposed language under Option 2b reads, *“You may have to pay for abortion care because your plan is a Health Savings Account (HSA)-compatible high deductible health plan.”*

Deb Rivkin supported both new options on behalf of her organization.

Rachel Clark, representing Aetna on behalf of Zachary Peters, pointed out that the none of the other zero-cost benefits refer to cost sharing in the EOC. Rather, cost sharing is demonstrated in the Schedule of Benefits.

Ms. Mangiaracino supported both new options but suggested allowing carriers some flexibility in the cost sharing language to enable consistency between this and other benefit categories. She gave an example of her organization’s use of the phrase “covered at no charge” for other benefits and recommended that carriers compose a sentence for Option 2b that is precise to the plan.

Ms. Rivkin supported the modifications proposed by Ms. Mangiaracino.

Ms. Baur expressed concern that flexibility in language could undermine the principles of consistency and plain language. She noted that, for the description of abortion care services, “covered at no charge” uses passive voice whereas “you do not have to pay” embodies plain language and better serves the spirit of the law. Ms. Baur agreed that plan-specific language would be acceptable for Option 2b but supported prescribed language for Option 2a.

Ms. Mangiaracino noted that flexibility in Option 2a would support consistency between benefit categories within the same plan, whereas prescribed language supports consistency between carriers for abortion care and guarantees plain language.

Ms. Baur expressed discomfort with too much flexibility and suggested that carriers could customize the message by adding bullets below the prescribed language. She added that prescribing plain language for abortion care might spread plain language to other benefit categories, which would be a good thing.

Maya Greifer noted that her organization (United Healthcare) includes information regarding benefit categories with no cost sharing in its Schedule of Benefits, not in EOCs.

Ms. Rivkin expressed trepidation over the notion of spreading prescribed language into other benefit categories, noting that her organization's plans have existed for many years without confusing the public.

Ms. Elliott described research showing that people who paid out of pocket for abortion often did not know whether or how their health plan covers the service. She added that pregnant people may delay care if they think they have to pay and that avoiding the consequences of delaying care may be worth the inconsistency introduced within EOCs by prescribed language.

Ms. Lane noted that the Workgroup seems to agree that Option 2 is better than Option 1 and asked that further discussion on the topic be held until later in the meeting.

Report Draft Review

Ms. Lane shared an outline of the draft report's structure, summarized the recommendations included therein, and described how the Workgroup's decisions at the meeting will be incorporated. She reminded the Workgroup that the report is due by the end of the year, leaving very little time for additional changes. Workgroup members must vote on what to include in the report during the meeting.

Discussion and Voting

Ms. Lane opened the floor for discussion while the polls are prepared.

Ms. O'Connor noted that she would have to consult with others in her organization before voting on any of the modifications proposed during the meeting. Ms. Lane acknowledged that other Workgroup members likely face similar challenges, adding that the polls will contain only those options shared before the meeting.

Ms. Rivkin asked why the recommendation includes flexibility only for Option 2b and not for Option 2a. Ms. Lane replied that there were more situations to accommodate under Option 2b because of the variation in abortion coverage under HAS-eligible HDHPs, and also that there was not enough time to craft a single prescribed option for Option 2b language.

Ms. Lane asked Workgroup members to vote on the category name for abortion care. The results (counting member votes only) were:

- Abstain – 2 votes
- Reproductive Health and Pregnancy Care – 1 vote
- Family Planning and Pregnancy Care – 1 vote
- Family Planning and Abortion Care – 5 votes

Ms. Lane asked the Workgroup to vote on the EOC description of abortion care. The results were:

- “You do not have to pay for abortion care.” – 6 votes
- “Abortion care is covered at no charge.” – 3 votes

Ms. Lane asked for a vote on Option 2b standard language. The results were:

- Abstain – 2 votes
- "You may have to pay for abortion care because your plan is an HSA-compatible HDHP" with no exceptions – 3 votes
- "You may have to pay for abortion care because your plan is an HSA-compatible HDHP." Carriers may substitute a sentence describing their specific cost-sharing instead. – 1 vote
- You may have to pay for abortion care because your plan is an HSA-compatible HDHP." Brief bulleted list with specifics to that carrier – 1 vote
- No standardized language. Require a sentence be included reflecting cost-sharing of these plans. - 2 votes

Ms. Rivkin, noting the closeness of the third vote, suggested that Workgroup members be allowed time to discuss the issue within their organizations. Ms. Elliott agreed, adding that it may be worthwhile to reconvene the Workgroup despite its charter ending soon.

Ms. Lane stated that any Workgroup member may submit additional written commentary to be included as an appendix to the report.

Public Comment

None offered.

Adjournment

Ms. Lane thanked Workgroup members for their participation and engagement. Ms. Mangiaracino thanked the MHBE staff for managing the process, then adjourned the meeting. The meeting adjourned at 2:30 pm.

Chat Log

00:39:04.640,00:39:07.640

: Yes, that is what Aetna was referencing in our earlier comment

00:52:09.151,00:52:12.151

Ken Brannan: My sincere appreciation to this workgoup membership. My knowledge on the very important topic has been greatly enhanced by you diverse insight and robust discussion. Kudos to Becca and Co-Chairs, Allison and Emily for your outstanding leadership. ding Thank you all.
Ken Brannan, Past Chairman - MHBE Standing Advisory Committee.

01:20:17.463,01:20:20.463

Robyn Elliott: Thanks all, and a special thanks to Becca for facilitating a productive discussion

01:20:46.056,01:20:49.056

Maya Greifer: Thank you, Becca! Great job

01:21:14.889,01:21:17.889

Pat O'Connor: Thank you, Becca!